PTO/SBLOS pin-004

Approved for use through 7/31/2005, OS/EI 0551-0002

U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	PAT	ENT APPLIC	:ATION	FEE DETE	RMINATIO	N RECORD			سرر جسمی بی ری	6
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OTHER THAN OR SMALL ENTITY		
	<b>/20</b>	7			PI EXTRA	RATE	FEE	1	PATE	FEE
ASCFEE					19412	-	OR		<b>3</b>	
OT	M CIVING EUTIEM)					1		OR		
	FR 1.15(d) PENDENT CLAS	43	mine-10.c						X 8	
	FR 1.16(0)		criticas 3 s			-		OR.	<b></b> -	
AULTIPLE DEPENDENT CLAM PRESENT (27 CFR 1.16(41)						+1		-08-	نيخنا	
If the difference in column 1 is ions than zero, enter "O" in column 2.						TOTAL	L	OR	TOTAL	
		LAIMS AS AM	ENDED	- PART II						
<u>_</u> . `		(Column 1)	Affect on a Till Continue 21			SMALL ENTITY		OR	OTHE!	THAN ENTITY
¥ .		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ě	Total	AMENDMENT	Minus	26	• . —	X S		OR	23	
AMENDMENT	(SF CFE 1.18(12) (setepandent (SF CFE 1.18(16)		Minus	- 2				OR.	× 6	
ME			لـــــا			X 8		1		
<	FREST PRESENT	TATION OF MULTIPLE	E DEPEND	er quan prof	स १.१६(क्)	TOTAL		OR .	TOTAL	
						ADD'L FEE		OR.	ADO'L PEE	
		(Column 1)		(Cotuma 2)	(Column 3)			•		
N B	12/15/5	CLAUMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
AMENDMENT	Total corore s, seco	. 4	Minus	70	•	X \$ >		OR	2 S3	
욷	Independent CIFCFE 1.1409	· - <del>/ -</del>	Minus	-3	· -	X 5 •		<b>1</b> 02	X 5=	
ş				DE C. MY 07 C	P • • (40)			OR.		
RALET PRESENTATION OF MULTIPLE DEPENDENT CLANS (\$7 CFR 1.16(4))						TOTAL ADDITEE		GR.	TOTAL ADD'L PEE	
ก	11/ 0/-			(Cotumn 2)	(Column 3)			Y 1		
X	19-00	(Cotumn 1) CLAIMS		HIGHEST	PRESENT	RATE	ADD+	1	RATE	ADDI
S E	RCE	REMAINING AFTER AMENOMENT		NUMBER PREVIOUSLY PAID FOR	EXTRA		TIONAL FEE			TIONAL FEE
ž	Total (D'O'R 1,1864)	14	Minus	20	•	x 82		OR.	* *	
AMENDMENT	Independent par era s.tepp	1. 1	Minus	-3	•	я 3 =	(1)	OR.	× ••	
₹		FATION OF MULTIPL	E DEPEND	ENTOLAN (87C)	FR 1.18(47)	•5=		OR.	+ = -	
						TOTAL	1 A	OR	ADD'L FEE	ī

\*\*\* If the "Highest Number Previously Paid For" In THIS SPACE is less than 3, entire"?.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1,16. The Information is required to obtain or retain a benefit by the public which is to the (and by the USPTO. The order of the public which is to the (and by the USPTO. The order of the public which is to the 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Three sit way depending upon the infinitual case, Any comments on the amount of thee jour require to complete this form another suggestions for reducing this burden, should be sure to the Chief information Officer, U.S. Potent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FOR MS TO THIS ADDRESS, SEND TO: Commissioner for Patenth, P.O. Box 1450, Alexandria, VA 22313-1450.